## SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY APPLICATION FOR STATE CERTIFICATION

Program:				
Address: ——				
	P.O. Box/Street	City	State	Zip Code
Site Location:	Street	City	State	Zip Code
Telephone Number: Fax Number:		x Number:	Email:	
This application	has been approved by:			
Program Opera	tor or Authorized Representativ	ve's Name:		
Signature:		]	Date:	
			liance with all applicable s	tate and federal laws including: 42 C.F.R.
These signatures verify the program and its operations are in Part 2, and HIPAA 45 C.F.R. Parts 160, 162, & 164.    Other		isity Intensity Iigh Iigh equires ce and	Clinical Services: Adolescent Treatment Services  Level 0.5 Adolescent Early Intervention Service Level I Adolescent Outpatient Service Level II.1 Adolescent Intensive Outpatient Treatment Level III.1 Adolescent Clinically-Managed Low Intensity Residential Treatment Service Level III.3 Adolescent Clinically-Managed Medium Intensity Residential Treatment Service Level III.5 Adolescent Clinically-Managed Medium/High Intensity Residential Treatment Service* Level III.2-D Adolescent Clinically-Managed Detoxification Adolescent Opioid Maintenance Therapy Service [requires concurrent certification of Adolescent Level I Service and Adolescent Level I-D Service] Adolescent Transitional Housing Service* Level I Adult Outpatient Service Level II.1 Adult Intensive Outpatient Service Level III.1 Adult Clinically-Managed Low Intensity Residential Treatment Service Level III.3 Adult Clinically-Managed Medium Intensity Residential Treatment Service Level III.5 Adult Clinically-Managed Medium/High Intensity Residential Treatment Service Co-Occurring Endorsement [requires concurrent Level I Service or Level II.1 Service]	
Detoxification  ☐ Level IV-D Adult Medically-Managed Intensive		e	( ) Adult ( ) Adolescent	
Detoxification  ☐ Adult Transit	n ional Housing Service*			
* Established by Burea	au policy, which establishes regulatory requir	ements, service elements, an	d utilization management criteria.	
will apply to all p		d or not funded by th	ne Agency. <u>Separate geogra</u>	<u>quested.</u> As of July 1, 2001, this requirement aphical locations will require additional t.
Agency Use Only				
Date Application	Received:	Payr	ment Received:	
Pre-Approval Vis	it Scheduled:			